2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # M98000001371 1. Entity Name NASH HOTEL, L.L.C. Principal Place of Business Mailing Address 1120 COLLINS AVE. 1120 COLLINS AVE. MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 84212084 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 34-1871458 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LURIE, KEVIN DO NOT WRITE 1120 COLLINS AVE. MIAMI BEACH, FL 33139 IN THIS SPACE 5. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. U00000131544 04/27/04-80010-002 50.00 Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGR TITLE DKJ FAMILY LIMITED PARTNERSHIP NAME STREET ADDRESS 27979 RED RAVEN ROAD CITY-ST-ZIP PEPPER PIKE, OH 44124 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS Cay-SY-ZIP

11. I hereby certify that the information supplies with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empoweled to exempte this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRTY-ST-ZIP

> SIGNATURE AND TYPED PRINTED NAME OF SIGNIN MANACING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED